

PPO

Best Practices

Assuring Successful
Bariatric Surgery
Outcomes



PPO BEST PRACTICES FOR ASSURING SUCCESSFUL BARIATRIC SURGERY OUTCOMES

ISSUE BRIEF

CASE STUDY IN QUALITY OVERSIGHT

Surgical Review Corporation

Established in 2003, Surgical Review Corporation (SRC) is an independent, non-profit organization governed by industry stakeholders working to advance the safety, efficacy and efficiency of bariatric and metabolic surgery care worldwide. SRC is charged with developing and administering an evidence-based bariatric surgery program focused on health care quality and patient safety; supported by a centralized outcomes database which identifies processes and practices that promote patient safety and lead to excellent outcomes, improves access to quality care, protects and expands health plan coverage of bariatric surgery, and lowers medical malpractice premiums. SRC has developed integrally linked excellence initiatives to achieve this objective: ASMBS Bariatric Surgery Center of Excellence® (BSCOE) program, SRC International Center of Excellence for Bariatric Surgery (ICE) program and the Bariatric Outcomes Longitudinal Database™ (BOLD™).

The BSCOE and ICE designations are awarded to both surgeons and medical centers. Criteria for the designations require consistently excellent bariatric surgical care, and the designations are intended to assure patients of high quality bariatric surgery care.

SRC administers the BSCOE program on behalf of the American Society for Metabolic and Bariatric Surgery (ASMBS). The designation is endorsed by Centers for Medicare & Medicaid Services (CMS) and leading quality organizations and is recognized by most major health plans (see below). The SRC criteria address topics that include:

1. Documentation of organizational commitment to high quality care;
2. The expectation that the institution will perform at least 125 bariatric cases per year, or that a surgeon have performed at least 125 lifetime bariatric surgeries and at least 50 cases in the prior 12 months;
3. Having a designated physician medical director who participates in decision-making;
4. Maintaining a full complement of consultative specialists, including an on-site ACLS-qualified physician, with experience in caring for critically ill bariatric surgical patients;
5. Availability of a full line of equipment and instruments to accommodate the needs of the morbidly obese patient;
6. Having a board certified bariatric surgeon who spends a significant portion of effort in the field of bariatric surgery and who has qualified coverage and support for patient care;
7. Use of clinical pathways and orders to facilitate and standardize care and procedures;
8. Utilization of nurse or physician extenders dedicated to serving bariatric patients and who provide ongoing education to patients;
9. Documented availability of organized and supervised support groups for bariatric patients, which are led by a licensed health care professional;
10. Dedication to long-term patient follow-up and participation and reporting of all bariatric surgical patient data into BOLD.

The primary objective of the ICE program is to ensure the safest, highest quality care is delivered consistently to bariatric surgery patients regardless of where they elect to have their procedure performed. ICE establishes guidelines and criteria for evaluating bariatric surgeons and facilities worldwide, and employs a systematic approach to ensure these standards are upheld. The first centers achieved ICE designation in 2009 and numerous others are currently in the application process.

Established in 2007 to accelerate best practices development for the treatment of morbid obesity and its associated conditions, BOLD is already the world's largest and most comprehensive repository of clinical bariatric surgery patient information. It currently contains data on 160,000+ bariatric surgery patients.

According to SRC, "BOLD collects clinical data for all phases of bariatric surgical care, including demographics, procedures, medications, demographic characteristics, weight loss and maintenance, complications, and comorbidities. Bariatric surgery providers helped establish the data fields needed to best manage patient care and the bariatric surgical program."

BOLD's success is in part due to the fact that all BSCOEs surgeons are required to enter data on each bariatric surgery patient for a minimum of five years. Providers designated as a BSCOEs have access to daily reports that include data on many pertinent issues such as weight loss, intraoperative activity, complications, readmission/re-operation, and comorbidity status. In addition, national aggregate reports enable providers to compare their performance against benchmark data. Researchers working with BOLD Data reported in June that BOLD data shows better outcomes for BSCOEs than for overall reported bariatric surgery outcomes. Data from BOLD reported by SRC showed¹:

- **Procedure:** The most common bariatric procedure was gastric bypass (54.8%), followed by gastric banding (39.8%), sleeve gastrectomy (2.3%) and biliopancreatic diversion (0.9%).
- **Complications:** Overall, 10.77% of patients experienced one or more complications following surgery. Most complications were considered relatively minor, with nausea/vomiting reported as the most frequent complication post-discharge.
- **Mortality:** The total mortality rate across all procedures was 0.135%, approximately one death per 1,000 patients. Rates for 90- and 30-day all-cause mortality were 0.112% and 0.089%, respectively.
- **Age:** A majority of patients were between ages 19-65 (94.08%), while a minority were younger than 19 (0.14%) or older than 65 (5.67%).
- **Gender:** Females comprised a significant majority of the study population (78.76%).
- **Race:** 78.12% of patients were identified as Caucasian, 10.52% African-American, 6.02% Hispanic, 0.2% Asian and 0.46% Native American.

More than 250 million Americans are covered by plans that endorse or require patients to receive bariatric surgical care at a BSCOEs. Health insurers such as CIGNA, Humana, Blue Cross & Blue Shield and Kaiser Permanente recognize BSCOEs distinction when making coverage decisions. The ASMBS BSCOEs designation is one component of the Blue Distinction program for Bariatric Surgery offered by the Blue Cross and Blue Shield Association.

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¹http://www.surgicalreview.org/press_releases_page.aspx?item=BOLDASMBS_2009_News_Release

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